

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5788**BIRTH NO. **6694-50** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FORREST GREEN	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOSPITAL		d. STREET ADDRESS (If rural, give location) 0210	

3. NAME OF DECEASED (Type or Print) a. (First) FLOYD b. (Middle) WILLIAM c. (Last) HENDRICKS		4. DATE OF DEATH (Month) (Day) (Year) FEB. 23 1950	
5. SEX U MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY	8. DATE OF BIRTH FEB. 1, 1950
9. AGE (In years last birthday) 23		10. AGE (In years last birthday) 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) FOREST GREEN MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME JAMES HENDRICKS		13b. MOTHER'S MAIDEN NAME ATHLEEN TECKEMEYER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME William Teckemeyer ADDRESS Forest Green Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Enlarged Thyroid?		DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				273X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
Baby dead on arrival at Hospital @ 4:30 P.M.		

22. I hereby certify that I attended the deceased from Feb. 23, 1950 , to Feb. 23, 1950 , that I last saw the deceased alive on Feb. 23, 1950 , and that death occurred at 11:00 m., from the causes and on the date stated above.		23a. SIGNATURE W. Teckemeyer (Degree or title)	23b. ADDRESS Woodland Hospital	23c. DATE SIGNED Feb 27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb 26, 1950	24c. NAME OF CEMETERY OR CREMATORY Salisbury City Cem	24d. LOCATION (City, town, or county) (State) Salisbury Mo.
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DATE REC'D BY LOCAL REG. Feb 24 1950	REGISTRAR'S SIGNATURE Pearl Cecilia Wood	25. FUNERAL DIRECTOR'S SIGNATURE W. Teckemeyer ADDRESS Glasgow Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 7
District Health Officer
District File Number 9-52
Date Filed MAR 7 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.